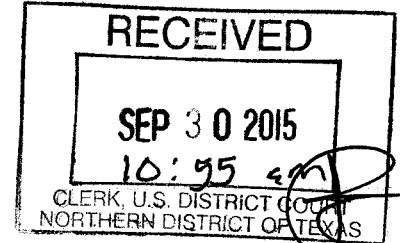


I hereby invoke special and private
exclusive equity jurisdiction.

Court of Chancery



Ex parte: Christopher Robert Weast

File no. 4:14-CR-00023-A Special and Private Equitable Act

Amended Birth Certificate, File no. 709
and Perfected Deed

I AM hereby Admitting the attached Perfected
Deed, Titled Certificate of Birth, File no.
709 which I have accepted as Grantee
and thereby making me the Equitable Title
holder by nature.

September 3, 2015

Chris Weast
Private Signature

(private
seal)

CERTIFICATION OF VITAL RECORD

TARRANT COUNTY
FORT WORTH, TEXAS

BR 709

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

STATE OF TEXAS		CERTIFICATE OF BIRTH		BIRTH NO.
1. PLACE OF BIRTH		2. USUAL RESIDENCE OF MOTHER [Where does mother live?]		
a. COUNTY TARRANT		a. STATE TEXAS	b. COUNTY TARRANT	
b. CITY OR TOWN [If outside city limits, give precinct no.] FORT WORTH		c. CITY OR TOWN [If outside city limits, give precinct no.] FORT WORTH		ZIP CODE 76114
c. NAME OF [If not in hospital, give street address] HOSPITAL OR INSTITUTION NORTHWEST HOSPITAL, INC.		d. STREET ADDRESS [If not in city] 2201 TRUE		
3. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
CHILD	3. NAME [a] First CHRISTOPHER	[b] Middle ROBERT	[c] Last WEAST	4. DATE OF BIRTH JANUARY 31, 1974
	5. SEX MALE	6. THIS BIRTH SINGLET <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLETS <input type="checkbox"/>	7. DAY OF WEEK WHEN CHILD BORN 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	
FATHER	8. NAME LARRY	9. NAME DAVID	10. COLOR OR RACE CAUCASIAN	
	11. AGE [At time of birth] 23 YEARS	12. BIRTHPLACE [State or foreign country] TEXAS	13. KIND OF BUSINESS OR INDUSTRY AUTOMOTIVE COMPANY	
MOTHER	12. Maiden Name BOBBIE	13. COLOR OR RACE CAUCASIAN	14. AGE [At time of birth] 20 YEARS	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER [Do NOT include the child] 0 0
	16. BIRTHPLACE [State or foreign country] TEXAS	17. NAME OF OTHER CHILDREN BORN SINCE LAST BIRTH 0	18. How many OTHER children have been alive but are now dead? 0	19. How many children were born dead? [Still deaths after 20 weeks pregnancy?] 0
INFORMANT	BOBBIE WEAST			
	18. I hereby certify that this child was born now on the date stated above	19. ATTENDANT'S SIGNATURE ROGER MOORE, M.D.	19. ATTENDANT AT BIRTH M.D. <input checked="" type="checkbox"/> D.O. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER <input type="checkbox"/>	
	8:55 P.M.	19. ATTENDANT'S ADDRESS 2100 HIGHWAY 183 N.W. FORT WORTH, TEXAS	19. DATE SIGNED JANUARY 31, 1974	
REGISTRAR'S FILE NO.	20. DATE REC'D BY LOCAL REGISTRAR FEB 6 1974	20. REGISTRAR'S SIGNATURE <i>Robert Weast</i>		

acceptance by Grantee
Christopher Robert Weast
 private signature

NW018794

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued
under authority of Sec. 191.051, Health and Safety Code.

July 10, 2015

ISSUED

Mary Louise Garcia

Mary Louise Garcia, County Clerk
Tarrant County, Texas

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY

ANY ALTERATION OR ERASURE VVOIDS THIS CERTIFICATE

Judges Chambers
c/o Judge John McReynolds Rm # 401
501 W. 10th St.
Fort Worth, TX 76102